

People Born Outside the United States

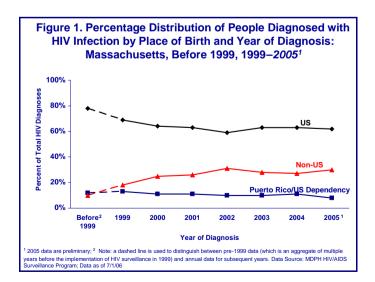
June 2007

Introduction

Immigrants and refugees, people born outside the United States (US) and its territories, are estimated to make up 12% of the population of Massachusetts. The refugee and immigrant population of Massachusetts is very diverse with almost every country in the world represented. Refugees and immigrants living with HIV/AIDS in Massachusetts are also a very diverse group (111 countries represented) and are predominantly people of color (88%). They accounted for 19% of people living with HIV/AIDS on December 31, 2005 and their proportional representation has been increasing over time. The proportion of non-US-born among those with HIV infection diagnoses increased from 18% in 1999 to 30% in 2005.

General Statistics:

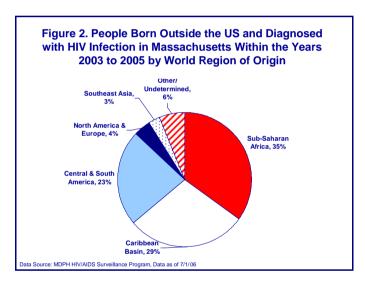
- Within the three-year period 2003 to 2005, 748
 people born outside the United States were
 diagnosed with HIV infection, representing 2 8%
 of HIV diagnoses in Massachusetts during that
 time period.
- The proportion of HIV infection diagnoses among people born outside the United States has risen in the past 6 years from 18% in 1999 to 30% in 2005.



As of December 31, 2005, there were 2,972
people living with HIV/AIDS in Massachusetts
who were born outside the United States,
accounting for 19% of people living with
HIV/AIDS in Massachusetts.

World Region and Country of Origin:

 People born outside the United States and diagnosed with HIV infection in Massachusetts within the three-year period 2003 to 2005 were primarily from Sub-Saharan Africa (35%), the Caribbean Basin (29%), and Central and South America (23%).



 Among non-US-born females recently diagnosed with HIV infection, 51% were from Sub-Saharan Africa compared to 22% of the males, 28% were from the Caribbean Basin compared to 29% of the males and 11% were from Central and South America compared to 32% of the males. The following five countries account for the largest numbers of non-US-born people diagnosed with HIV infection in Massachusetts within the three-year period 2003 to 2005 (with percent of total non-US-born diagnosed with HIV infection):

•	Haiti	17%	(N=129)
•	Brazil	10%	(N=72)
•	Dominican Republic	7%	(N=55)
•	Uganda	6%	(N=44)
•	Kenya	5%	(N=40)

Regional Distribution:

The largest proportions of people recently diagnosed with HIV infection who were born outside the United States are among those who reside in the Metrowest (43%) and Northeast (41%) Health Service Regions (HSRs). In all regions but the Western and Southeast HSRs, people born outside the United States are more than 20% of all recent diagnoses. The Metrowest (31%), Northeast (24%) and Boston (22%) HSRs have the highest proportions of non-US-born people living with HIV/AIDS.

Among cities with over 20 people diagnosed with HIV infection within the three-year period 2003 to 2005, the following have the highest proportions of diagnoses among non-US-born people (N=number of people born outside the United States diagnosed with HIV infection):

•	Waltham	77%	(N=23)
•	Malden	59%	(N=24)
•	Chelsea	56%	(N=14)
•	Somerville	53%	(N=29)
•	Lowell	51%	(N=48)
•	Framingham	45%	(N=15)
•	Revere	42%	(N=14)
•	Cambridge	42%	(N=26)
•	Lynn	41%	(N=24)
•	Lawrence	38%	(N=28)

Gender:

- Forty-five percent of non-US-born people recently diagnosed with HIV infection were female (and 55% were male), compared to 21% among those born in the United States and 37% among those born in Puerto Rico and other US dependencies (Commonwealths, territories and other entities that are supported and governed by the United States).
- Among non-US-born people living with HIV/AIDS, 40% are female compared to 26% of those born in the United States and 32% of those born in Puerto Rico and other US dependencies.

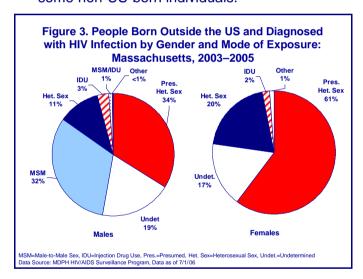
Race and Ethnicity:

- Among non-US-born people diagnosed with HIV infection within the three-year period 2003 to 2005, 10% were white (non-Hispanic), 59% were black (non-Hispanic), 25% were Hispanic, and 4% were Asian/Pacific Islander.
- Similarly, among non-US-born people living with HIV/AIDS, 12% are white (non-Hispanic), 58% are black (non-Hispanic), 24% are Hispanic, and 5% are Asian/Pacific Islander.
- Seventy-four percent of non-US-born females recently diagnosed with HIV infection were black (non-Hispanic) compared to 46% of males; 17% were Hispanic compared to 32% of males and 5% were white (non-Hispanic) compared to 15% of males.

Exposure Mode:

Among people born outside the United States and diagnosed with HIV infection within the three-year period 2003 to 2005, 46% (N=344) were presumed exposed to HIV through heterosexual sex with partners of unknown risk or HIV status (presumed heterosexual); 15% (N=114) identified the risk or status of their heterosexual partner and were classified as exposed through heterosexual sex; 18% (N=131) were exposed through male-to-male sex (MSM), while an additional 3% (N=19) were reported to have been exposed through their own injection drug use.

- Among non-US-born people living with HIV/AIDS on December 31, 2005, the distribution of exposure modes is similar to that among non-US-born individuals recently diagnosed with HIV infection. Forty-two percent (N=1,251) are presumed exposed to HIV through heterosexual sex with partners of unknown risk or HIV status (presumed heterosexual); 20% (N=607) identified the risk or status of their heterosexual partner and were classified as exposed through heterosexual sex. Nineteen percent (N=573) were exposed through male-to-male sex (MSM), while an additional 5% (N=151) were exposed through their own injection drug use.
- Among non-US-born people with HIV infection and AIDS, large proportions were classified with undetermined risk for HIV infection: 18% (N=135) of those recently diagnosed with HIV infection and 11% (N=315) of those living with HIV/AIDS. This reflects challenges in ascertaining behavioral risk information about some non-US-born individuals.



 Complete information about mode of exposure to HIV infection does not exist for three-quarters of females born outside the United States and recently diagnosed with HIV infection: for 61% there was no information about the risk or HIV status of the male sex partner reported and for 17% there was no information about risk reported.

People Diagnosed with HIV Infection and AIDS within Two Months

People who already have AIDS when HIV infection is diagnosed (or who are diagnosed with AIDS within 2 months of HIV infection diagnosis) represent a population that may have first learned about their HIV status late in the progression of HIV disease. It is likely that people who are diagnosed with both HIV infection and AIDS within two months have been infected for more time prior to learning their HIV status than people who learn their status before clinically presenting with AIDS.

• Thirty-six percent of people born outside the US who were diagnosed with HIV infection within the three-year period 2003 to 2005 already had AIDS when they were diagnosed (or were diagnosed within 2 months), compared to 25% of people born in the US and 26% of people born in Puerto Rico and other US Dependencies.

Mortality with HIV/AIDS

 The proportion of deaths among people with AIDS who were non-US-born people remained relatively steady from 1999 to 2005, fluctuating between 5% and 10% of all people with AIDS.

Data Source:

HIV/AIDS Case Data: Massachusetts Department of Public Health (MDPH) HIV/AIDS Surveillance Program, Data as of July 1, 2006

Additional References of Interest:

Foley EE. HIV/AIDS and African immigrant women in Philadelphia: structural and cultural barriers to care. AIDS Care. 2005 Nov;17(8):1030-43

Ford K, King G, Nerenberg L, Rojo C. AIDS Knowledge and Risk Behaviors Among Midwest Migrant Farm Workers. *AIDS Education & Prevention*. 2001;13(6):551-560

Freeman RC, Williams ML, Saunders LA. "Drug use, AIDS knowledge, and HIV risk behaviors of Cuban-American, and Puerto Rican-born drug injectors who are recent entrants into the United States." Substance Use Misuse. 1999, Nov; 34(13):1765-93.

Harawa NT, Bingham TA, Cocxhoran SD, Greenland S, Cunningham WE. HIV prevalence among foreign and U.S.-born clients of public STD clinics. *American Journal of Public Health*. 2002, Dec; 92(12): 1958-63.

Shedlin MG, Decena CU, Oliver-Velez D. Initial acculturation and HIV risk among new Hispanic immigrants. J Natl Med Assoc. 2005 Jul;97(7 Suppl):32S-37S

For more detailed information and a description of data limitations please see "HIV/AIDS in Massachusetts: An Epidemiologic Profile," available online at www.mass.gov/dph/aids